


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90034 002 ****50.00

DOCUMENT # L05000120025 1. Entity Name UNIVERSITY CANCER INSTITUTE, LLC	
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Principal Place of Business 3606 S. OCEAN BLVD. UNIT 405 HIGHLAND BEACH FL 33487	Mailing Address 3606 S. OCEAN BLVD. UNIT 405 HIGHLAND BEACH FL 33487
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2. Principal Place of Business - No P.O. Box # 4420 TRANQUILITY DR	3. Mailing Address 4420 TRANQUILITY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State HIGHLAND BEACH FL	City & State HIGHLAND BEACH FL	4. FEI Number 20-3965062	Applied For <input type="checkbox"/> Not Applicable
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Zip 33487	Country FLORIDA	Zip 33487	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KRASNA, GARY M 3010 N. MILITARY TRAIL SUITE 210 BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code
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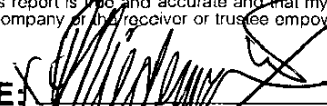
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NIEDERMAN, THOMAS M 3606 S. OCEAN BLVD., UNIT 405 HIGHLAND BEACH FL 33487	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM NIEDERMAN, THOMAS M 4420 TRANQUILITY DR HIGHLAND BEACH, FL 33487
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **THOMAS M NIEDERMAN** **501 737 6556**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #